

1910.

THE
ANNUAL REPORT

OF THE
Medical Officer of Health

FOR THE
ERPINGHAM
RURAL DISTRICT COUNCIL.

Read at the Council Meeting held on
February 27th, 1911.

ROUNCE & WORTLEY, "RELIANCE" PRINTING WORKS, HOLT,
AND AT CROMER AND SHERINGHAM.

—
1911.



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To the Erpingham Rural District Council.

GENTLEMEN,

I beg to present my Annual Report of the Sanitary condition of the District for the year 1910.

Population.

At the Census of 1901 the population was 16,054. The Erpingham Rural District formerly consisted of three Sub-Districts, viz., Cromer, Holt and Repps. These were re-arranged during 1909 and divided into two Sub-Districts—Cromer and Sheringham.

The estimated population for the year ending 1910, is 18,327 and that of the Sub-Districts as follows:—

Cromer Sub-District	...	8705.
Sheringham Sub-District	...	9622.

The estimated increase of the population during the year is 180.

Births.

Males.	Females.	Total.
193	193	386

Birth rate=21·06 per 1000 of the population as compared with 21·05 per 1000 of the population in 1909.

Deaths.

Males.	Females.	Total.
107	99	206

Death rate=11·24 per 1000 of the population as compared with 10·32 in 1909.

Infantile Death rate=85·49 per 1000 registered births as compared with 81·15 in 1909.

Zymotic Death rate=·109 per 1000 of the population.

The District is mainly agricultural and the seaside villages are favourite resorts for holiday makers in the summer. As far as I know there are no conditions affecting injuriously the health of the District.

As there is no Isolation Hospital, on receipt of a notification the house is visited by the Sanitary Inspector and when necessary by myself also. The patient is isolated as far as possible, the head teacher and the parents are notified on Forms provided by the County Medical Officer of Health, disinfectants are supplied during the course of the illness, and on recovery, certified by the medical practitioner in attendance, the Sanitary Inspector disinfects by spraying walls, floors, furniture and bedding with formalin solution, and fumigates with formaldehyde lamp.

In cases of Diphtheria the patient is not allowed to return to work or school till a throat swab is shown to be negative. After disinfection notices are served on occupiers or owners to thoroughly clean ceilings and walls, and to re-whiten and paper.

In cases of Pulmonary Tuberculosis the Sanitary Inspector visits the house, leaves a printed card supplied by Knight & Co. to be hung up, giving "Advice to Consumptives" and on the termination of the case by death or removal he disinfects.

General and Special Inquiries made during the Year.

After several visits to some cottage property at Briston including one with the County M.O.H. on the 14th April, a Special Report was sent to the L.G.B. and to the County Council and since then the serious defects complained of have been remedied.

All dairies, milk shops and cowsheds have been periodically visited and a decided improvement made in their condition.

Slaughter houses, bake-houses, &c. have been regularly visited and found clean and in good condition.

Water Supply.

Mundesley is supplied from a well over 200 feet in depth, pumped into a reservoir, the whole costing upwards of £5000, giving a constant supply. Holt is supplied also from a deep well giving a constant supply of pure water.

Kelling is well supplied from a spring in the hills by gravitation through pipes giving a constant supply of good water. All these supplies are the property of the parishes concerned.

Overstrand, East and West Runton, Felbrigg and a portion of Roughton are supplied from the Cromer Council's Water Works. The other parishes in the District are supplied by wells, some deep, some shallow. There is no evidence of pollution of streams or rivers in the District.

Drainage and Sewage Disposal.

Mundesley is well drained into a containing tank which is discharged at the turn of the tide by means of outfall pipes to beyond low water mark. ordinary tides. All the houses are connected therewith in the area of the sewer. At the remaining houses the cesspools are emptied by the public contractor.

Overstrand is well drained, every house being connected, the sewer is carried by outfall pipes to the sea beyond low water mark.

East Runton is also well drained by outfall pipes to the sea.

West Runton two years ago had a system of sewage established which is treated before discharge by the outfall into the sea.

Holt is well drained to a sewage farm with percolating beds. Owing to the limited area an additional means of treatment is contemplated.

Portions of the parishes of Cley, Aldborough, Northrepps, Trunch, Weybourne, Thornage, and Gresham are provided with pipe sewers for slop purposes.

In Mundesley, Holt, Cley and Overstrand public scavenging of house refuse, &c. is done by contract, consequently the number

of open bins has been considerably reduced. I regret that this work has not yet been undertaken in East and West Runton, and I consider it necessary that this should be done.

To enable back passages and yards to be paved in Holt the Local Government Board have been asked by the Council to confer the powers of the Private Street Act, 1892. Victoria Street, Mundesley, has recently been made up under the same Act.

In the rural villages where large gardens exist the vault type of privy is used, but in more confined areas the pail system has been substituted.

Housing Accommodation.

There is much to be desired in the housing accommodation in the agricultural parts of the District, the cottages being mostly old and low with small rooms. In many cases there is deficient ventilation, the bedroom windows especially being very small, on an average about 2ft. square to light and ventilate a sleeping apartment of about 10ft. by 12ft. and often on the floor line. On some of the larger estates, however, and also by private enterprise, old cottages have been reconstructed or new ones provided. Much still remains to be done before I can say the homes of the workers are in a condition that one would like to see them. In my opinion a cottage without three bedrooms is not a suitable dwelling for a family. There are numerous cases in which there are only two bedrooms and in some where there is only one.

The difficulty one has to contend with is in deciding as to the suitability of a building as being fit for human occupation or not. What is the standard to be aimed at? Recently I reported a wooden shed as overcrowded and unsuitable for human habitation. The occupier appealed, and after inquiry my decision was overruled and the Local Government Board considered the shed to be fit for habitation. Therefore I am in a dilemma as to the fitness or not of any habitation, *re* the closure, when in my own opinion the erection is totally unsuitable for human habitation.

ENTERIC FEVER. There has been one case in 1910. Since the discovery of the pollution of the mussel lays by sewage at Wells in 1908, there has been a considerable diminution in the number of cases of this disease in the whole county.

Quoting from Dr. Nash's Annual Report for 1909 it appears that the Incidence Rate (Case Rate) per 1000 population was in 1908 0·53 and in 1909 0·15 and the Zymotic Death Rate in 1908 0·07 and in 1909 0·01. This means the saving of 19 live from this disease.

SCARLET FEVER. 20 cases were notified as compared with 60 in 1909. The distribution was as follows :—Briston 1, Beckham House 8, Bodham 9, Roughton 1, Sustead 1.

The outbreak at Bodham and at Beckham Workhouse was clearly traced to three children in the Square who had sore throats and rash, and were not medically treated. Their mother at this time was nursed during her confinement by a woman who afterwards went into the Workhouse, and on the 2nd October the first case of Scarlet Fever was notified in the Workhouse. Owing to the children who had had sore throats and rash attending Bodham School 9 cases occurred with one death. At the time of the outbreak, I visited all the children who were absent from School from sickness or scare, and I was convinced that there was no case of Scarlet Fever either concealed or undetected except one family of four where the mother gave a history of sore throat and rash which she thought was due to eating fish. These children were carefully isolated. As the bacteriology of this disease is very uncertain, outbreaks frequently occur through mild cases being overlooked by parents and even by medical men.

TUBERCULOSIS. 15 Deaths were caused by Tuberculosis as compared with 19 in 1909. There were 9 of Pulmonary and 6 of other forms of Tuberculosis.

It is to be hoped that as knowledge of this disease increases and better means of prevention are acquired, there will be a great reduction of the Death rate from this scourge. Of course in the large cities the prevalence of phthisis must be much

greater than in rural districts, but even in crowded areas steps are being taken by the establishment of Tuberculin Dispensaries to detect disease in those who have been in contact with sufferers from it, and in early cases to cure by means of Tuberculin. Those who, after treatment in a Sanatorium, return to their homes with the disease arrested have received an education which enables them to instruct their friends and neighbours in its prevention.

The Local Government Board issued in March, 1909, a Memorandum by their Medical Officer. After defining the scope of the Order Dr. Newsholme defines the characteristics of Tuberculosis.

The following are extracts from the Memorandum :—

“Tuberculosis is not only a preventable disease, but it can also be arrested in its earlier stages; and indeed the vast majority of those attacked by it recover.”

A decline in the total prevalence of Tuberculosis has been taking place for some years.

“This decline has occurred under the influence of improved sanitation and higher social welfare.....The vastly increased treatment of advanced cases of Pulmonary Tuberculosis in infirmaries and other institutions has been most valuable in securing segregation of patients from their families as well as in securing humane treatment for the patients themselves. Diminution of overcrowding.....and other measures of sanitation and social improvement have acted either by increasing resistance to, or by diminishing the amount of infection in the community, or usually by the combined influence of both these factors.”

Dr. Newsholme illustrates how the infectiousness of Pulmonary Tuberculosis differs in several respects from most of the acute infectious diseases, the mode of infection in most cases being through the sputa from the lungs, and, therefore, easily controlled by the patient if he is intelligent and scrupulously careful. However, “against the limited channels of transmission of Pulmonary Tuberculosis must be set its protracted

duration.” The facts “not only indicate that an exaggerated fear of infection in Pulmonary Tuberculosis is unnecessary, but they also emphasise the desirability of inculcating more exact knowledge as to the disease.”

Dr. Nash in his Report says :—

“ Dr. Newsholme then deals with educational measures against Tuberculosis, which is described as a “disease of misery,” but much more a “disease of ignorance.” Among the most valuable results of the measures for its treatment and relief must be the hygienic training of the patient. The general community must be instructed as well as those already tuberculous, and those exposed to the infection of Tuberculosis. Touching on the importance of teaching hygiene in School life, Dr. Newsholme notes the active and valuable propagandism outside School life, which is rapidly spreading knowledge among the people at large as to the essentials of the prevention of Tuberculosis and is increasingly bringing the pressure of public opinion to bear against indiscriminate expectoration, and against overcrowding and other evils of housing and occupation. Much more could be done in these directions. It is more urgently necessary that special instructions should be given to those more directly exposed to tuberculous infection, and the value of notification is especially evident in this direction. Precise “knowledge should be possessed, not only by nurses and relatives attending patients, but by those engaged in occupation in which Tuberculosis is most rife. Instruction of the individual patient is essential for the prevention of Tuberculosis. Pulmonary Tuberculosis being a disease of protracted duration, the institutional or domestic isolation of patients during the whole course of the disease is impracticable.”

“ Hence the importance of specific instructions preferably personally explained as well as promulgated by pamphlets. Administrative control is successful just so far as it secures enlightened precautions on the part of the consumptive patient. Measures to secure early diagnosis, whether by bacteriological or other means, stand equally high as means of prevention.”

“ Dr. Newsholme’s Memorandum deals with an early diagnosis, the Medical Practitioner’s position in relation to preventative measures, the administrative control of Tuberculosis, procedure in official investigations, action against infection, home training and supervision dispensary, Sanatorium, and (for advanced cases) institutional treatment.”

“ The best work will be secured if there is active co-operation between voluntary and official workers and agencies ; and this remark applies particularly in securing Sanatorium treatment for patients. It may confidently be expected that administrative measures will enable Sanitary Authorities gradually to bring Tuberculosis under their control, and to secure that it shall become as much a disease of the past in this country as leprosy has become.”

INFANTILE MORTALITY. This continues to be low especially in the Cromer Sub-District where it was 79·76 per 1000 registered births ; whilst in Sheringham Sub-District it was 98·13.

In his Report for 1909 Dr. Nash mentions the appointment of a public scavenger and many other sanitary improvements in Holt. The Infantile death rate has been reduced from 186·5 in 1907 to 88·8 per 1000 births in 1910.

DIPHTHERIA. There was only 1 death as compared with 1 in 1909. There were 19 notifications as compared with 4 in 1909. Holt 6, Briston 6, Beckham House 3, Plumstead 2, Bodham 1, Thornage 1. Two cases were notified as Diphtheria before a bacterial examination was made, but no diphtheria bacilli were found, and no further cases followed in the houses or neighbourhood.

The reduction in the Mortality from this disease in recent years is no doubt largely due to the increased and extended use of bacteriological aids to diagnosis, and the co-operation of the School Medical Service and Public Health Service in controlling the release of convalescents (especially School children) after recovery as well as to the more early and more frequent use of diphtheria anti-toxin in cases of Diphtheria. I think it is im-

portant that swabs should be taken early in all suspected cases, and that notifications should not be made until the report of the bacterial examination has been received. The Rural Council in 1909 joined the Clinical Research Association so that swabs for diagnosis should be sent, and also one or more convalescent swabs in order to see that the patient is free from disease before being released.

ERYSIPELAS. Four cases of this disease were notified—Plumstead 1, Bodham 1, Overstrand 1, Aldborough 1, with no death.

WHOOPING COUGH. There was no death from this disease as compared with 3 in 1909.

The School Medical Officer has distributed certain precautionary pamphlets in connection with non-notifiable infectious diseases, which must have been of considerable educational value to attach more importance to these very infectious diseases. Whooping Cough was very prevalent at Cley near the close of the year.

MEASLES. There was no death from this disease as compared with 1 in 1909.

CANCER. There were 25 deaths from this disease as compared with 25 in 1909, 10 of these were between the ages of 25 and 65, and 15 of 65 and upwards. The mortality from Cancer is greater amongst women than amongst men.

Dr. Nash, in his Report for 1909, quotes from Dr. Stevenson's letter published in the 71st Annual Report of the Registrar General and presents a table which indicates Cancer to be more destructive in the town than in the country, although the crude rates would seem to show the reverse.

In conclusion it gives me much pleasure to bring to your notice the very efficient manner in which Mr. Tuddenham has performed his duties as Sanitary Inspector, and the valuable assistance he has given me in carrying on the sanitary work of the District.

T. W. RICHARDSON.

Walcote,

Unthank Road,
Norwich.

ZYMOTIC DISEASES.***The Returns of Cases according to Parishes.***

Parishes.			Diph- theria.	Scarlet Fever.	Typhoid Fever.	Ery- sipelas.	Tuber- culosis.	Tot'l
Holt	...	...	6	—	—	—	—	6
Briston	...	...	6	1	—	—	—	7
Beckham Workhouse			3	8	—	—	—	11
Plumstead	...	...	2	—	—	1	—	3
Bodham	...	...	1	9	—	1	—	11
Thornage	...	...	1	—	—	—	—	1
Roughton	...	...	—	1	—	—	—	1
Sustead	...	...	—	1	—	—	—	1
Overstrand	...	...	—	—	—	1	—	1
Aldborough	...	...	—	—	—	1	—	1
Runton	...	...	—	—	1	—	—	1
Trunch	...	...	—	—	—	1	—	1
			19	20	1	4	1	45

Monthly returns of Infectious Diseases.

			Under 5 years.	Over 5 years.	Total.
January	...	...	1	3	4
February	...	...	—	1	1
March	...	...	—	1	1
April	..	...	1	1	2
May	...	...	—	2	2
June	...	...	—	—	—
July	...	...	—	1	1
August	...	...	—	3	3
September	...	...	—	3	3
October	...	...	8	7	15
November	...	...	2	7	9
December	...	...	1	3	4
			13	32	45

Monthly Returns according to Diseases.

		Diph- theria.	Scarlet Fever.	Typhoid Fever.	Ery- sipelas.	Tuber- culosis.	Total
January	...	3	1	—	—	—	4
February	...	—	—	—	1	—	1
March	...	1	—	—	—	—	1
April	...	2	—	—	—	—	2
May	...	—	—	—	2	—	2
June	...	—	—	—	—	—	—
July	...	—	—	1	—	—	1
August	...	2	1	—	—	—	3
September	...	3	—	—	—	—	3
October	...	5	9	—	1	—	15
November	...	—	8	—	—	1	9
December	...	3	1	—	—	—	4
		19	20	1	4	1	45

The Number of families in each Parish where Infectious Diseases occurred.

Parishes.			Families.	Total of Patients.
Eriston	...	...	7	7
Overstrand	...	...	1	1
Aldborough	...	...	1	1
Plumstead	...	...	2	3
Runton	..	...	1	1
Bodham	...	...	8	11
Roughton	...	...	1	1
Holt	...	...	5	6
Beckham Workhouse		...	8	11
Thornage	...	...	1	1
Trunch	...	...	1	1
Sustead	...	...	1	1
			37	45

Cromer Sub-District.

BIRTHS.

		Males.	Females.	Total.
Legitimate	...	84	79	163
Illegitimate	...	5	4	9
		89	83	172

Birth rate=19·64 per 1000 of the population.

Increase of Births over Deaths=80

DEATHS.

Males.	Females.	Total.
44	48	92

Death rate=10·56 per 1000 of the population.

Zymotic Death rate=There were no Deaths from Zymotic Disease in the Cromer Sub-District.

Infantile Death rate=69·76 per 1000 registered births.

Deaths according to Sex and Ages.

		Males.	Females.	Total.
Under 1 year	...	4	8	12
1 year and under 5 years		—	—	—
5 years	„ 15 „	1	—	1
15 „	„ 25 „	3	—	3
25 „	„ 65 „	7	16	23
65 „	and upwards ...	29	24	53
		44	48	92

Deaths according to Locality.

Aldborough	...	...	4
Antingham	...	...	3
Aylmerton	...	..	6
Felbrigg	...	...	1
Gimingham	...	...	4
Gresham	...	...	8
Hanworth	...	..	6
Knapton	...	...	2
Metton	...	...	1
Mundesley	...	...	5
Northrepps	...	...	10
Overstrand	...	...	4
Roughton	...	...	6
Runton	...	...	10
Sidestrand	...	...	1
Southrepps	...	...	5
Sustead	...	...	2
Thorpe Market	...	...	3
Trimingham	...	...	3
Thurgarton	...	...	3
Trunch	...	...	5
			—
			92

There were no deaths in the parish of Gunton.

Cases of Infectious Disease.

Parish.	Scarlet Fever.	Typhoid Fever.	Ery- sipelas.	Tuber- culosis.	Total
Aldborough ...	—	—	1	—	1
Overstrand ...	—	—	1	—	1
Roughton ...	1	—	—	—	1
Runtou ...	—	1	—	—	1
Sustead ...	1	—	—	—	1
Trunch ...	—	—	—	1	1
	2	1	2	1	6

Sheringham Sub-District.

BIRTHS.

		Males.	Females.	Total.
Legitimate	...	101	96	197
Illegitimate	...	3	14	17
		104	110	214

Birth rate=22·44 per 1000 of the population.

Increase of Births over Deaths=100.

DEATHS.

Males.	Females.	Total.
63	51	114

Death rate=11·74 per 1000 of the population.

Zymotic Death rate=·2 per 1000 of the population.

Infantile Death rate=98·13 per 1000 registered births.

Deaths according to Sex and Ages.

		Males.	Females.	Total.
Under 1 year	...	13	8	21
1 year and under 5 years		1	1	2
5 years	„ 15 „	1	3	4
15 „	„ 25 „	1	2	3
25 „	„ 65 „	11	8	19
65 „	and upwards ...	36	29	65
		63	51	114

Deaths according to Locality.

Baconsthorpe	...	...	1
Beckham East	...	...	3
,, West with Workhouse			16
Beeston Regis	...	...	1
Bessingham	...	...	1
Bodham	...	...	7
Briston	...	...	12
Cley	...	...	12
Edgefield	...	...	4
Hempstead	...	...	6
Holt ...	...	...	19
Hunworth	...	...	2
Kelling ...	...	...	5
Letheringsett	...	...	3
Matlaske	2
Plumstead	4
Salthouse	5
Sheringham Upper	6
Thornage	2
Weybourne	3

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Cases of Infectious Disease.

Parish.	Diph- theria.	Scarlet Fever.	Ery- sipelas.	Total.
Holt ...	6	—	—	6
Briston ...	6	1	—	7
Beckham Workhouse	3	8	—	11
Plumstead ...	2	—	1	3
Bodham ...	1	9	1	11
Thornage ...	1	—	—	1
	19	18	2	39

TABLE I.
Vital Statistics of Whole District during 1910 and previous years.

Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				Deaths of Non-residents registered in Public Institutions in the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
	Popu-lation estimat-ed to Middle of each year.	Rate per 1000 of estimat-ed popu-lation.	Under 1 year of Age.		At all ages.			TOTAL DEATHS IN PUBLIC INSTITU-TIONS IN THE DISTRICT	Rate per 1000 of estimat-ed popu-lation.
			Number.	Rate per 1000 Births regis-tered.	Number.	Rate per 1000 of estimat-ed popu-lation.			
1900	18251	470	25·7	65	138·29	312	17·09	312	17·09
1901	18556	502	27·05	45	89·64	244	13·14	244	13·14
1902	16659	456	27·3	51	111·84	228	13·68	228	13·68
1903	16895	450	26·6	43	96·5	227	13·43	227	13·43
1904	17079	433	25·35	42	96·09	237	13·64	237	13·64
1905	17304	406	23·4	32	78·81	183	10·57	183	10·57
1906	17502	393	22·45	32	81·42	210	11·99	210	11·99
1907	17679	396	22·39	35	88·38	232	13·12	232	13·12
1908	17863	422	23·62	39	92·41	249	13·93	241	13·49
1909	18031	382	21·13	31	81·15	187	13·52	186	10·31
Aver-ages for years /00—/09.	17581·9	431	24·49	41·5	85·45	230·9	13·41	230	13·04
1910	18236	386	21·16	33	85·49	206	11·29	204	11·18

Area of District in acres (exclusive of area covered by water) ... 60,735
Total population at all ages at Census of 1901 ... 16,054
Number of inhabited houses ditto ... 5,782
Average number of persons per house ditto ... 4·21

TABLE II.

Vital Statistics of Separate Localities in 1910 and previous years.

Names of Localities.	CROMER SUB-DISTRICT.			HOLT SUB-DISTRICT.			REPPS SUB-DISTRICT.			CROMER SUB-DISTRICT.			SHERINGHAM SUB-DISTRICT.		
	Population esti- mated to Middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to Middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to Middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population esti- mated to Middle of each year.	Births registered.	Deaths at all Ages.
Year.															
1900	6868	178	129	25	7004	179	124	23	4379	113	59	17	8566	173	99
1901	7582	192	103	17	6748	187	81	19	4226	123	60	9	8566	209	113
1902	5525	135	89	14	6850	205	88	26	4284	116	51	11	8566	214	113
1903	5578	145	90	15	6979	193	91	21	4338	112	46	7	8569		21
1904	5631	135	81	13	7047	184	103	19	4401	114	53	10			
1905	5689	126	66	11	7145	175	65	14	4470	105	52	7			
1906	5740	126	70	9	7249	165	86	15	4513	102	54	8			
1907	5796	118	76	10	7326	180	93	15	4557	98	63	10			
1908	5850	127	78	12	7414	190	107	19	4599	105	64	8			
1909															
Aver- ages of Years 1900 to	6028.77	142.41	86.88	14	7084.66	184.22	93.11	19	4418.55	109.77	55.77	9.66	8566	173	74
1909													8566	172	92
1910													8569	214	114

TABLE III.
Cases of Infectious Disease notified during the Year 1910.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.					
	At all Ages.	At Ages—Years.				
		1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards
Diphtheria (including Membranous croup) ...	19	4	10	3	2	
Erysipelas ...	4		1		2	1
Scarlet Fever ...	20	9	7	3	1	
Enteric Fever ...	1		1			
Tuberculosis ...	1				1	
Totals ...	45	13	19	6	6	1

TABLE IV.

Causes of, and Ages at, Death during year 1910.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.						Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
	All Ages.	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards.
Scarlet Fever ...	1	—	—	1	—	—	—
Diphtheria (including Membranous croup) ...	1	—	—	—	1	—	—
Epidemic Influenza ..	6	—	1	—	—	—	5
Diarrhoea ...	1	—	—	—	—	—	1
Enteritis ...	1	1	—	—	—	—	—
Gastritis ...	2	1	—	—	—	—	1
Phthisis (Pulmonary Tuberculosis) ...	9	—	—	—	1	6	2
Other tuberculous diseases	5	—	—	2	—	2	1
Cancer, malignant disease	25	—	—	—	—	10	15
Bronchitis ...	10	3	—	—	—	—	7
Pneumonia ...	3	1	1	—	—	1	—
Pleurisy ...	1	—	—	—	—	—	—
Alcoholism, Cirrhosis of liver	1	—	—	—	—	—	—
Premature Birth ...	5	5	—	—	—	—	—
Heart diseases ..	19	—	—	—	—	4	15
Accidents ...	5	1	—	—	1	3	—
All other causes ...	—	21	—	2	2	15	69
All causes ...	204	33	2	5	5	41	118
							18

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from Stated Causes in Weeks and Months under 1 Year of Age.

Cause of Death.	under 1 wk.	1-2 wks.	2-3 wks.	3-4 wks.	Total under 1 mth	1-2 mths.	2-3 mths.	3-4 mths.	4-5 mths.	5-6 mths.	7-8 mths.	8-9 mths.	9-10 mths.	11-12 mths.	Total under 1 year.
Enteritis ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Gastritis ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Premature Birth	3	1	—	1	5	—	—	—	—	—	—	—	—	—	5
Congenital Defects ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Atrophy Debility Marasmus }	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Meningitis ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Convulsions ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Bronchitis ...	—	—	—	—	—	—	—	1	—	—	—	1	1	—	3
Pneumonia ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Suffocation ...	1	—	—	—	1	—	1	—	—	—	—	—	—	—	2
Other causes ...	6	1	2	1	10	1	1	1	—	1	1	—	—	1	16
	11	2	2	2	17	1	4	2	2	2	2	1	1	1	33

Annual Report of the Medical Officer of Health for the Year 1910, for the Rural District of Erpingham.

on the administration of the Factory and Workshop Act, 1901, in connection with

Factories, Workshops, Workplaces, and Homework.

I.—Inspection of Factories, Workshops, and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspec- tions. (2)	Written Notices. (3)	Prosecu- tions. (4)
FACTORIES (Including Factory Laundries)	110	7	
WORKSHOPS (Including Workshop Laundries)			
WORKPLACES (Other than Outworkers' premises in- cluded in part 3 of this Report)			
TOTAL	110	7	

2 —Defects found in Factories, Workshops, and Workplaces.

Particulars. (1)	Number of defects.			Num- ber of prose- cu- tions. (5)
	Found (2)	Reme- died. (3)	Referr- ed to H.M. Insp't'r (4)	
<i>Nuisances under the Public Health Acts:—</i>				
Want of cleanliness	7	7	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	—	—	—	—
Sanitary accommodation { insufficient	—	—	—	—
{ unsuitable or defective	—	—	—	—
{ not separate for sexes	—	—	—	—
<i>Offences under the Factory & Workshop Act:</i>				
Illegal occupation of underground bake- house (s. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	—	—	—	—
Other offences	—	—	—	—
(Excluding offences relating to out- work which are included in Part 3 of this Report)	—	—	—	—
TOTAL	7	7	—	—

REPORT

OF THE

Inspector of Nuisances

For the Year 1910.

Population—18327.
 Complaints received—4.
 Nuisances Detected without complaint—315.
 Nuisances abated—319.
 Notices served—29.
 Summonses taken out—10.
 Convictions—10.
 Cottages inspected—476.
 Lodging Houses inspected—None in District.
 Slaughter Houses inspected—25. No. in District visited quarterly
 Bakehouses inspected—20. " " "
 Dairies and Milkshops inspected—8. " " "
 Cowsheds inspected—147. " " "
 Workshops inspected—110. " " "
 Filthy Houses cleansed (Sec. 46 P.H.A., 1875)—4.
 Houses disinfected—31. 1 School, Briston.
 Overcrowding abated—3.
 Houses placed in Habitable Repair—32.
 Houses closed—4.
 Houses erected or re-built for which Water Certificate sought—11
 "Certificates" granted—11.
 "Certificates" deferred—Nil.
 Wells sunk or improved Supplies of Water—24.
 Wells cleansed or repaired—2.
 Wells closed—Nil.
 Houses connected with sewers—36.
 Houses connected with water mains—36.
 Earth, Pail, or improved Privies constructed, or existing Privies
 altered—27.
 Privies and W.C.'s repaired—49.
 W.C.'s supplied with water—36.
 Cisterns cleansed, repaired, or covered—Nil.
 Animals improperly kept removed—2.
 Samples of Water taken for Analysis—1.
 Compensation paid for destruction of infected bedding—Nil.
 Seizure of unsound meat—Nil.
 Canal Boats inspected—None in District.